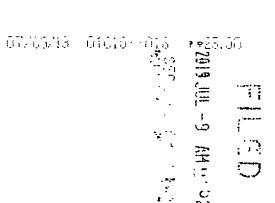
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

Division of C	orporations		
	echnologies, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Delmar Huff		
		Name of Person	
	Corporate One Federal Cr	redit Union	
		Firm/Company	<u> </u>
	8700 Orion Place		
		Address	
	Columbus, Ohio 43240		
	dhuff@corporateone.coop	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication
For further information of	concerning this matter, please c	all:	
Delmar Huff		614 825-9338	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sherpa Technologies, LLC		
(Name of the Limited Liabili (A Florida	ity Company 2 a Limited Liabi	s it now appears on our records.) hty Company)
The Articles of Organization for this Limited Liability C	lompany wer	e filed on 03/23/2004 and assigned
Florida document number L04000022172	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability	company here:
The new name must be distinguishable and a single transfer.		
The new name must be distinguishable and contain the words "Limi		
	new principal offices address, if applicable: 12724 Gran Bay Parkway West	
(Principal office address MUST BE A STREET ADDR		ite 100
	Jac	eksonville, FL 32258-9485
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	30 = 1
B IC		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office ess here:	address on our records, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: 12724 6	Gran Bay Pari	kway West, Suite 100
		Enter Florida street address
Jackson		Florida 32258-9485
	C	ity Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
			☐ Remove
			□ Change
			Add PRemove
			☐ Change
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fective date, if other than the date of filing:						S
the creetive date is listed, the date must be specific and cannote: If the date inserted in this block does not meet to be under the date inserted on the Department of State's current of State's comment.	s records.	statutony mi	more than 90 day: ng requirement:	s, this date w	vill not be l	isted as
record specifies a delayed effective date, The 90th day after the record is filed.	. but not ar	n effective	time, at 12:	01 a.m. o	n the ea	rlier of
ted June 26	19					
	V	// /	7			
Signature of a member	er or authorized	d representative	e of a member			

Page 3 of 3

Filing Fee: \$25.00